7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

HAY 272

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

 \mathbf{v}_{i}

Defendant(s)

08CV3052 JUDGE ZAGEL MAGISTRATE JUDGE KEYS

more	informati	included, please place an X is ion than the space that is prove e additional information. Ples	rided, attach one or					
Ι. ΄.	RAN	04 WALKER	declare 1	hat I am the	Viplaintiff Detitio	ner Emovant		
othe	r) in the above-e	entitled case. This a	ffidavit const	itutes my application	ı □ to proceed		
with	out full o	repayment of fees, or 🗆 in s	support of my moti	on for appoin	tment of counsel, or	both, Lalso		
		am unable to pay the costs						
		t/petition/motion/appeal. In	-	~ .		_		
		estions under penalty of per		· · · · · · · · · · · · · · · · · · ·		,		
	0.		, · · · , · ·					
1.	Аге у	ou currently incarcerated?	□Ycs	□No	(If "No," go to Que	estion 2)		
	I.D, #	NEUUSI	Name of prison c	т jail:		<u> </u>		
	Do yo	ENGUÚS I ou receive any payment from	m the institution?	ZYes □No	Monthly amount:	29,00		
2.	A	ron gramontly on allowad?	ПУ	□N				
Ζ.	Are you currently employed? Monthly salary or wages:							
	iname	Name and address of employer:						
	а.	If the answer is "No":			,			
		Date of last employment	, ,					
		Monthly salary or wages						
		Name and address of las	t employer:					
					W. 1			
	b.	Are you married?	□Vac	MA				
	0.	Spouse's monthly salary	At Mades.	<u> </u>				
		Name and address of emp	lover:					
		Traine and address of emp	Jioyot .					
,								
3.	_	Apart from your income stated above in response to Question 2, in the past twelve months have you						
		or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.						
	source	cs: mark an X in either "Ye	es" or "No", and ti	ien check all	voxes that apply in e	acn category.		
	a.	Salaen, or woods		•	□Yes	GAT-		
	a. Amou	Salary or wages	Received by		□ I ¢8	الما تصر		
	4 2111670	LE 3 L	1700011101 D1					

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	ØN₀				
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	ØN₀				
	d. □ Pensions, □ social security, □ annuities, □ life insurance, □ disability, □ workers' compensation, □ unemployment, □ welfare, □ alimony or maintenance or □ child support						
	AmountRcceived by	□Yes	ØΝο				
	e. ☐ Gifts or ☐ inheritances AmountReceived by	□Yes	ZN₀				
	f. Any other sources (state source: Amount Received by) □Yes	ΔNο				
4.	Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts? Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts? Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts? Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts? Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts? Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts? Do you or anyone else living at the same residence have more than \$200 in cash or checkin savings accounts?						
5.	Do you or anyone else living at the same residence own any stoc financial instruments? Property: Current Value: Relationship to you	□Yes					
6.	Do you or anyone else living at the same residence own any rea condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	∐Yes	Z/No				
7.	Do you or anyone else living at the same residence own any autom- homes or other items of personal property with a current market val Property: Current value: In whose name held: Relationship to you	obiles, boats, tra ue of more than □Yes	nilers, mobile \$1000? ZJNo				
8.	List the persons who are dependent on you for support, state your re indicate how much you contribute monthly to their support. If none,	lationship to eac	h person and				

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I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 5/14/08

RANDY WACICOR (Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, Walker	, Randy	, I.D.# <u>N54451</u>	, has the sum
of \$, 22 (5/15/08) naccount to his/her credit at	(name of ins	titution) Vienna Corre	ctional Center
I further certify that the applicant has the following	ng securities	to his/her credit: N/A XXX	XXXXXX. I further
certify that during the past six months the applie	ant's average	e monthly deposit was \$ <u>X</u>	XXXXXXXXXXX
(Add all deposits from all sources and then divid	<u>e</u> by number	of months).	
·		hari Uerkey, Tru	
<u>5/15/08</u>	•	Shari Verkey, Tru	st Office
DATE	SIGNATU	JRE OF AUTHORIZED (OFFICER
		Shari Verkey	
•	(Prin	nt name)	

rev. 7/18/02

Trust Fund

d_list_inmate_trans_statement_composite

View Transactions

Inmate: N54451 Walker, Randy

Date: 5/15/2008

1:34pm

Time:

Housing Unit: VIE-02-C -04

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
	•				Beginnlr	g Balance:	0.00
11/09/07	Payroll	20 Payroll Adjustment	313134		P/R month of 10/2007	19.20	19.20
11/13/07	Point of Sale	60 Commissary	317776	308423	Commissary	-14.17	5.03
11/19/07	Disbursements	81 Legal Postage	323334	Chk #63954	4323, DOC: 523 Fund Inmate Rei, Inv. Date: 10/17/2007	-3.84	1.19
11/ 1 9/07	Disbursements	81 Legal Postage	323334	Chk #63954	4433, DOC: 523 Fund Inmate Rei, Inv. Date: 10/19/2007	-1.14	.05
12/12/07	,Payrolf	20 Payroll Adjustment	346134		P/R month of 11/2007	19.20	19.25
12/14/07	Point of Sale	60 Commissary	348779	311332	Commissary	-19.04	.21
01/15/08	Payroll	20 Payroli Adjustment	015134		P/R month of 12/2007	27.45	27.66
01/17/08	Point of Sale	60 Commissary	017776	314232	Commissary	-26.85	.81
02/08/08	Payroll	20 Payroll Adjustment	039134		P/R month of 01/2008	28.80	29.61
02/15/08	Point of Sale	60 Commissary	046779	316339	Commissary	-24.61	5.00
02/19/08	Disbursements	81 Legal Postage	050334	Chk #64466	11398, DOC; 523 Fund Inmate Re, Inv. Date: 01/25/2008	-4.90	.10
03/14/08	Payrofl	20 Payroll Adjustment	074196		P/R month of 02/2008	28.80	28.90
03/18/08	Point of Sale	60 Commissary	078776	318629	Commissary	-28.63	.27
04/14/08	Payroll	20 Payroll Adjustment	105196		P/R month of 03/2008	27.45	27.72
04/16/08	Point of Sale	60 Commissary	107779	321033	Commissary	-27.66	.06
05/09/08	Payroll	20 Payroll Adjustment	130134		P/R month of 04/2008	28.80	28.86
05/15/08	Point of Sale	60 Commissary	136776	323688	Commissary	- 28.64	.22

Total Inmate Funds:	.22
Less Funds Held For Orders:	00
Less Funds Restricted:	.00
Funds Available:	.22
Total Furloughs:	.00.
Total Voluntary Restitutions:	.00.

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